

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

14831

State File No.

FILED MAY 2, 1944

Registration District No.

Primary Registration District No. 5570

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Sibley RR No. 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at her own home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 72 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Ann McBroom

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J.W. McBroom 6. (c) Age of husband or wife if alive 4-1872 years

7. Birth date of deceased May 4-1872 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Holden Mo (City, town, or county) (State or foreign country)

10. Usual occupation her home

11. Industry or business her home

12. Name Robert Renick

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Miller

(b) Address Buckner Mo.

17. (a) Burial (b) Date thereof 3/17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem

18. (a) Signature of funeral director H. M. Reppert

(b) Address Buckner Mo.

19. (a) 3/16-44 (b) H. M. Reppert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Sibley Rural No. 1.
 (If outside city or town limits, write "RURAL")
 (d) Street No. none (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 15 year 1944 hour 2:00 minute AM M.

21. I hereby certify that I attended the deceased from Feb-5- to Mch-14- 1944
 that I last saw her alive on Mch. 14 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia. Also myocardial degeneration. arteriosclerosis. hypertension.
 Due to hypertension.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature H. M. Reppert (M.D. or other) P.D.

Address Buckner Mo. Date signed 3-16-1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or By.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.